

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



February 22, 2001

Regulation Package #0600-16

CDSS MANUAL LETTER NO. EAS-01-02

TO: HOLDERS OF THE EAS MANUAL, DIVISIONS 50 and 80

Regulation Package #0600-16**Effective 1/17/01****Sections 50-026 and 80-310**

These regulations implement, interpret, and make specific the provisions of the judgment agreement in the Tyler v. Anderson class action lawsuit. The lawsuit challenged the California Department of Social Services' (CDSS) policy of denying range of motion exercises as a paramedical service in the In-Home Supportive Services Program. As a result of this lawsuit, the CDSS is required to pay retroactive payments, prejudgment and postjudgment interest to eligible claimants as supported by the Claim Form.

These regulations provide a method of determining eligible claimants and of providing notification to potential claimants. They also establish claimant, departmental, and county responsibilities, define retroactive eligibility periods, establish the claiming process, set forth the method for calculating benefits and interest, and establish the requirements for these benefits.

These regulations were adopted on an emergency basis and were considered at the Department's public hearings held on January 16 and 17, 2001.

FILING INSTRUCTIONS

Revisions to all manuals are shown in graphic screen. The attached pages are to be entered in your copy of the Manual of Policies and Procedures. The latest prior manual letter containing EAS changes was EAS-01-01.

Page(s)

663 and 663.1
808 through 809
863 through 863.1

Replace(s)

Page 663
Page 808 and 809
Page 863

Attachment

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**RETROACTIVE BENEFITS
ELIGIBILITY AND PAYMENT STANDARDS**

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**RETROACTIVE BENEFITS
ELIGIBILITY AND PAYMENT STANDARDS**

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- (c) TEMP GAIN 87s (Claim Form) received by CWD.
- (d) Claims approved.
- (e) Claims denied. CWDs shall include the number of claims denied for each of the following reasons:
 - (1) Untimely. Includes claim forms received after claim period.
 - (2) Not a class member.
 - (3) Claim sent to wrong CWD and receiving CWD was not able to determine the responsible CWD to which the TEMP GAIN 87 (Claim Form) should be forwarded.
 - (4) Claim sent to wrong CWD and receiving CWD forwarded to responsible CWD.
 - (5) Incomplete. Includes claims that are not complete, as specified in Section 50-025.51, and there is no forwarding address to obtain the additional information needed; and incomplete claims for which additional information was requested but not received before the deadline specified on the notice.
 - (6) Other.

.732 Total amount of corrective underpayments paid (including interest).

.733 Total amount of overpayments offset with corrective underpayments.

NOTE: Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: CCWRO v. Anderson, Sacramento County Superior Court, Case No. 512491.

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.1 Background

On January 22, 1999, the Sacramento Superior Court approved a settlement agreement and entered the final judgment in Tyler v. Anderson.

The following provisions specify the applicable procedures in the issuance of retroactive payments to qualifying In-Home Supportive Services (IHSS) recipients, applicants and providers in compliance with the Tyler v. Anderson court order:

.11 The Lawsuit: Tyler v. Anderson is a class action lawsuit filed in 1993 against the California Department of Social Services (CDSS) and its Director. The suit challenged the CDSS policy of denying range of motion (ROM) exercises as a paramedical service in the IHSS Program. The case was certified as a class action lawsuit for all persons denied payment for ROM exercises due to the challenged policy from June 17, 1990 through March 31, 1994 under the IHSS Program. The lawsuit was settled on January 22, 1999 by a final Judgment in the Sacramento County Superior Court.

.12 The Final Judgment: The final judgment requires CDSS to make retroactive payments including prejudgment and postjudgment interest at the legal rate of 7 percent to class members for ROM provided but not paid for from June 17, 1990 through March 31, 1994 (the retroactive period) in 52 of 58 counties.

The Judgment excludes IHSS recipient/applicants and providers in six of the 58 counties: Amador, Calaveras, Fresno, Los Angeles, San Bernardino and Tehama. These counties continued to authorize ROM exercises during this time period. They are excluded in the lawsuit; however, they must comply with these regulations on posting the informational poster, providing notices, claim forms, assistance to claimants, and cooperating with CDSS in supplying case file information.

The Judgment requires that CDSS identify all IHSS recipients and providers from June 17, 1990 through March 31, 1994, determine the current mailing address from the IHSS Case Management, Information and Payrolling System (CMIPS) and update mailing addresses by using Medi-Cal records or if unavailable, by using the address matching services of the Franchise Tax Board.

CDSS will also develop a State Hearing process that will give the Tyler v. Anderson claim members the right to appeal any final decision on a claim.

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Assembly Bill 1773 authorized ROM in the Personal Care Services Program (PCSP) which are Medi-Cal covered IHSS Program services starting April 1, 1993. PCSP was not completely implemented until all IHSS recipients had annual assessments one year later; therefore, March 31, 1994 is the end date for the retroactive period.

- .13 Forms and Notices: The Judgment requires CDSS to develop and issue forms and notices explaining the right to claim retroactive benefits: Specifically, CDSS is required to have: 1) a recipient/applicant or provider claim form written in plain language in English and Spanish, and 2) a poster size notice not less than 17" x 22" in size with the contents of the notice and in a format that attracts attention when posted in a public space.

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.2 Definitions

These definitions apply to the Tyler v. Anderson implementation.

- (a) (1) "Applicant" means a person who applied for and was denied IHSS services during the retroactive period by any county except Amador, Calaveras, Fresno, Los Angeles, San Bernardino, and Tehama counties and met the IHSS eligibility requirements in MPP Section 30-755 or 30-780.
- (b) Reserved
- (c) (1) "CDSS" means the California Department of Social Services.
- (2) "Chiropractor" means a licensed chiropractor.
- (3) "Claim Form" means a Tyler v. Anderson Claim Form (TEMP 2185A) designed and issued by CDSS which includes claiming information and the Doctor's Certification section.
- (4) "Claim Period" means the six (6) month period in which claimants may file a claim form for retroactive payment for Range of Motion (ROM) under the IHSS Program.
- (5) "Claimant" means a person who files a claim for a retroactive payment under the Tyler v. Anderson Class Action Lawsuit.

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- (6) “Class Member” means a claimant whom CDSS has determined eligible for a retroactive payment.
- (7) “CWD” means a County Welfare Department.
- (d) (1) “Days” Unless otherwise specified, all references to “days” in regard to time limits shall mean “calendar” days.
- (2) “Doctor” means a licensed physician.
- (e) Reserved
- (f) (1) “Forms” means forms that CDSS will use only in the Tyler v. Anderson lawsuit.
- (g) Reserved
- (h) Reserved
- (i) (1) “IHSS” means the In-Home Supportive Services Program.
- (2) “Interest” means prejudgment and postjudgment simple interest at the legal rate of 7 percent from the date of the first payment owed to the month before issuance of the retroactive payment.
- (j) Reserved
- (k) Reserved
- (l) Reserved
- (m) Reserved
- (n) (1) “NOA” means the Notice of Action sent to claimants by CDSS regarding claim determinations, as referenced in Section 50-026.
- (2) “NOA Time Period” means the 45-day time period.
- (o) Reserved
- (p) (1) “Provider” means a person who provided IHSS ROM exercises to an IHSS recipient/applicant at any time during the retroactive period.

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(q) Reserved

(r) (1) “Recipient” means a person who received IHSS at any time during the retroactive period except a person who received IHSS in Amador, Calaveras, Fresno, Los Angeles, San Bernardino, Tehama counties.

(2) “Retroactive Payment” means the amount due a class member, including interest, as determined by CDSS in the claims process.

(3) “Retroactive Period” is June 17, 1990 through March 31, 1994.

(4) “ROM” means the Range of Motion exercises.

(5) “ROM Prohibition Policy Period” means the payment period from June 17, 1990 through March 31, 1994.

(s) (1) “State Hearing” means the Evidentiary Hearing provided for under Welfare and Institutions Code Section 10950 pursuant to MPP Chapter 22-000 by which a claimant may appeal a CDSS NOA.

(t) Reserved

(u) Reserved

(v) Reserved

(w) Reserved

(x) Reserved

(y) Reserved

(z) Reserved

.3 Notification of Potential Claimants

.31 CDSS shall:

.311 Develop and send the Tyler v. Anderson Notice and Claim Form to all persons who were IHSS recipients and providers during the period of June 17, 1990 through March 31, 1994, except those who were residing solely in Amador, Calaveras, Fresno, Los Angeles, San Bernardino or Tehama counties.

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.312 Update the addresses of persons identified in Section 50-026.311 from the following sources:

- (a) The IHSS Case Management Information and Payrolling System (CMIPS) for current IHSS recipients and providers;
- (b) Medi-Cal records;
- (c) United States Postal Fast Forward software, or
- (d) Addresses matching services of the Franchise Tax Board for all others.

.313 Provide a sufficient number of Tyler v. Anderson posters and camera-ready copies of the Tyler notice and Tyler claim form, in plain language in English and Spanish to all CWDs and agencies designated by plaintiffs' counsel, including regional centers, independent living centers, area boards, and legal aid programs.

- (a) CDSS shall require CWDs to display the Tyler poster until the end of the six-month claim period in a prominent location in all offices where it may be seen by members of the public and to provide a notice and claim form to anyone asking about the case.
- (b) CDSS shall request all other agencies to display the Tyler poster until the end of the six-month claim period in a prominent location and to provide a notice and claim form to anyone asking about the case.

.32 CWDs shall:

.321 Display the Tyler poster in a prominent location in all offices where it may be seen by members of the public during the entire claim period.

.322 Give a Tyler notice and Tyler claim form to anyone asking about the case.

.323 Provide assistance in the completion of the claim form to anyone asking and provide a copy of case file information relating to the provision of ROM to the recipients or their authorized representatives as required by Welfare and Institutions Code Section 10850.2.

.324 Cooperate with the CDSS in providing information deemed necessary to make a claim determination.

.4 Application for Retroactive Payments

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.41 Claimant Responsibilities

- .411** A claimant shall file a claim for retroactive payment on the Tyler v. Anderson claim form.
- .412** A claimant shall ensure completion of all parts of the Tyler v. Anderson claim form as follows: Part A by the claimant; Part B by the IHSS recipient/applicant getting ROM; Part C by the IHSS provider administering the ROM, and Part H by the physician or chiropractor. If assistance is needed, the claimant may call 1-877-508-1327 or contact their local CWD.
- .413** A claimant who is an IHSS applicant shall submit proof of meeting all other categorical and financial eligibility conditions for the receipt of IHSS during the relevant time period by completing the Tyler Supplemental Applicant Claim Form (TEMP 2185B) received from the CDSS.
- .414** A claimant shall mail the completed Tyler v. Anderson claim form to CDSS, 744 P Street, Mail Station 19-04, Sacramento, CA 95814, any time within the six-month claim period but not later than July 31, 2001. For purposes of the mailing deadline, the envelope must be postmarked no later than July 31, 2001, the last day of the claim period. Claims postmarked after this date are deemed untimely and will be denied.

.42 Claim Form

- .421** CDSS must stamp each claim form with the date the claim form is received.
- .422** The filing date for a claim is the postmark date on the envelope containing the Tyler v. Anderson claim form.
- (a) If the postmark date is not legible, the original claim date will be three days prior to the CDSS received date.
- .423** If the filing date is after the claim period, the claim shall be denied.
- .424** CDSS shall retain all claim forms and envelopes received in accordance with regulations governing retention of records, which is three years.

.5 Claim Processing

.51 Eligibility Conditions for Retroactive Payment

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.511 A claimant must meet the conditions listed below to be eligible for a retroactive payment for any month at any time during the retroactive period.

- (a) Recipient Claimant: The IHSS recipient was prescribed ROM by a doctor or chiropractor during the retroactive period, was not already at the state maximum and paid the provider for the ROM.
- (b) Provider Claimant: The IHSS provider performed ROM for the IHSS recipient or applicant and was not paid. The IHSS recipient or applicant who received the ROM was prescribed ROM by a doctor or chiropractor during the retroactive period and was not already at the state maximum. The IHSS applicant also met all of the categorical and financial eligibility conditions for the receipt of IHSS.
- (c) Applicant Claimant: The IHSS applicant met all of the categorical and financial eligibility conditions for the receipt of IHSS, applied for IHSS, was prescribed ROM by a doctor or chiropractor during the retroactive period, and paid the provider for the ROM.

.52 Claim Form Review

.521 CDSS shall determine eligibility/ineligibility and notify the claimant of its determination within 60 days of CDSS' receipt of a complete claim form.

If additional information is needed, CDSS shall notify the claimant on a Notice of Action (NOA) and request the information to be returned within 45 days. The 45-day period shall begin to run on the first day following the date of the NOA. The claim must be postmarked on the 45th day to be considered timely. The returned information shall be date stamped "received" and CDSS will notify the claimant of its determination within 60 days of CDSS' receipt of additional information.

.522 CDSS shall review each claim form submitted to determine if the claim form is complete. A claim form shall be considered complete when all the following requirements are met:

- (a) The following information requested in Part A must be completed as follows:
 - (1) Name: Last, first, middle initial
 - (2) Valid Social Security Number

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- (3) Birthdate
 - (4) Indicate type of claimant
- (b) The following information requested in Part B must be completed as follows:
 - (1) Name: Last, first, middle initial
 - (2) Valid Social Security Number
 - (3) Birthdate
 - (4) Current address
 - (5) Current telephone number
- (c) If the person was an IHSS applicant and was denied ROM exercises, the following shall also be completed in Part B.
 - (1) The date applicant was denied IHSS
 - (2) County in which the application was denied
 - (3) Indicate each year the applicant received SSI/SSP
- (d) The following information requested in Part C shall be completed if claimant was an IHSS provider.
 - (1) Name: Last, first, middle initial
 - (2) Valid Social Security Number
 - (3) Birthdate
 - (4) Current address
 - (5) Telephone number

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- (e) Part D shall indicate the specific months and number of hours ROM were performed each month during the ROM prohibition policy period and in which county ROM was performed.
- (f) Part E shall indicate if the claimant was an IHSS provider, recipient or applicant and whether or not the claimant provider was paid by the IHSS recipient for ROM or the claimant recipient/applicant paid for ROM.
- (g) Part F shall show an original signature under penalty of perjury and the date the application was completed.
- (h) Part G shall indicate the name of the person who received ROM and a signed authorization for the doctor or chiropractor to release medical record information to CDSS.
- (i) Part H - Doctor or Chiropractor Certification: CDSS shall review each submitted Doctor or Chiropractor Certification for completeness to determine if the doctor has provided the following information necessary to further process the claim.
 - (1) A doctor's or chiropractor's statement that an IHSS recipient/applicant was prescribed ROM, the number of minutes per exercise and the number of times per week prescribed monthly during the ROM prohibition policy period.
 - (2) The following requested Physician Information has been provided:
 - (A) Name: Last, first, middle initial
 - (B) Valid License number
 - (C) Specialty
 - (D) Business address
 - (E) Telephone number
 - (F) Signed and dated by the doctor or chiropractor

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.523 When additional information is requested via a NOA and the information is returned within 45 days, each resubmitted claim form will be reviewed to determine if the claimant has provided all the necessary information to further process the claim. CDSS then has an additional 60 days to make a determination of eligibility/ineligibility.

.524 Claim Determination

CDSS may obtain additional information to verify the claim by obtaining information from the IHSS CMIPS, CWDs, Medical and Chiropractor Boards and other agencies related to the eligibility conditions for retroactive payment.

.525 Issuance of NOAs

(a) For each claim received for retroactive payments, CDSS shall mail a NOA within sixty (60) days after receiving the claim form. The NOAs shall contain, but not be limited to, the following information:

- (1) The month(s) determined eligible and/or ineligible for retroactive payments. The reason(s) for any months determined ineligible shall be clearly stated;
- (2) The amount of retroactive payments and prejudgment and postjudgment interest due for each year, if payments are claimed for more than one year during the retroactive period;
- (3) The computation of the monthly total and the grand total amount of retroactive payments and prejudgment and postjudgment interest due, and
- (4) A statement about the taxability of wages, withholding taxes, and deeming for SSI recipients whose providers are currently spouses or parents of minor children recipients.

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- (A) The required withholdings shall be deducted from the retroactive payment. Income taxes shall be withheld from all interest payments.

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- (b) Each NOA issued due to the claimant's failure to complete the claim form in its entirety shall specify those sections of the form, which were not completed as follows:
- (1) Each part of the claim form that is incomplete.
- (2) The original claim form shall be returned with the NOA to the claimant to mail back after filling in the missing information. CDSS shall advise the claimant that he/she has 45 days from the date of the NOA to provide the additional information. The 45-day period shall begin to run on the first day following the date of the NOA. The claim must be postmarked on the 45th day to be considered timely. Failure to respond or provide the requested information within the 45-day period shall result in a claim denial.
- (c) Each NOA issued as a result of CDSS having incomplete/contradictory/adverse information shall include a copy of the incomplete/contradictory/adverse information and if available, shall advise the claimant that he/she has 45 days from the date of the NOA to provide additional information. Failure to respond or refute the incomplete/contradictory/adverse information within the 45-day period shall result in a claim denial.
- (d) For each claim denied in full or in part, the NOA shall clearly state the reason(s) why the claim was denied and a statement that the claimant has the right to appeal the denial.
- (e) For each approved claim in which the class member is currently an IHSS recipient, the NOA shall advise the class member that the payment received as a result of his/her Tyler v. Anderson claim may adversely affect his/her IHSS services, SSI eligibility or other aid program eligibility, and that there may be a tax liability. (See 20 CFR Sections 416.1100, .1111, .1201 and .1207a.)

.6 Calculation of Retroactive Payment

.61 Issuance of Payments

- .611 CDSS shall compute the amount of retroactive payments. The amount shall be calculated using the number of hours authorized for ROM each month multiplied by the county's applicable individual provider hourly wage during each month for which benefits are claimed.

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.612 CDSS shall issue payments monthly and mail payments on or before the 10th of each month or hold the payments for mailing on or before the 10th of the following month.

.613 Except when the time for mailing payments is extended by Section 50-026.612, CDSS shall mail payment to the claimant within 30 days after the date of the approval of the claim NOA.

.62 Prejudgment/Postjudgment Interest

.621 Prejudgment interest for retroactive payments shall be calculated at the following rates:

(a) Seven percent simple interest during the time period of June 17, 1990 through March 31, 1994, on the amount of benefits from the date the first payment should have been paid, until January 22, 1999, the date of the judgment.

.622 Postjudgment interest for retroactive payments shall be calculated at the following rate:

(a) Seven percent simple interest from the date of the judgment, January 22, 1999 until the last day of the month prior to payment.

.63 Share of Cost

.631 CDSS shall calculate the applicant's share of cost utilizing the current SSI/SSP payment standards when computing the amount of retroactive payments due.

.64 IHSS Statutory Maximum

.641 The amount of hours for ROM retroactive payments shall not exceed the applicable statutory grant maximum. Retroactive benefits shall only be awarded up to the amount which when combined with other IHSS services received during the period does not exceed the then applicable statutory maximum on the allowed IHSS hours. The IHSS statutory maximum during the ROM prohibition policy period is as follows:

Effective Date	Nonseverely Impaired	Severely Impaired
6/17/90 - 3/31/93	195 hours	283 hours
4/01/93 - 3/31/94	195 hours	If PCSP, up to 283 hours

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- (a) When the nonseverely impaired (NSI) recipient's weekly authorized services are increased by the ROM hours and this results in a total of 20 or more hours of services defining severe impairment, the recipient shall be reclassified from NSI to severely impaired (SI), with a subsequent State maximum of 283 hours per month.

.7 General Provisions

.71 Information Requirement

.711 All information received and/or obtained in relation to the Tyler v. Anderson implementation, and all forms generated as a result of the implementation, shall be retained by CDSS in a Tyler case file for each claimant. These documents shall include, but are not limited to:

- (a) Completed Tyler claim form and any subsequent resubmittals;
- (b) Completed doctor's certification section and any subsequent resubmittals;
- (c) A copy of any NOA;
- (d) A copy of any correspondence with the CWDs in relation to a claim;
- (e) Any noted verbal communication with the CWDs in relation to a claim;
- (f) Any CMIPS records utilized, and
- (g) A copy of all other documents and records used in the determination of eligibility and computation of payments.

.72 State Hearings

- .721** The right to a state hearing on any Tyler v. Anderson claim shall be granted only to Tyler v. Anderson claimants or their authorized representatives. A Tyler v. Anderson claimant may be the recipient, applicant or provider.
- .722** A claimant has the right to appeal any final decision on a claim, including an award of less retroactive payment than claimed.

.73 Treatment of Lump Sum Payments

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.731 It will be the responsibility of the claimant in conjunction with the CWD to determine if the lump sum Tyler v. Anderson payments affect or do not affect the claimant's continued eligibility for certain other programs.

.732 CDSS shall send the CWD a monthly list of claimants who received ROM retroactive payments. The list shall include a breakdown of principal and interest payments and the total amount received.

.74 **Overpayments**

CDSS shall have the right to seek and recover overpayments in accordance with IHSS regulations at MPP Section 30-768.

.75 **Reports**

In compliance with the Tyler v. Anderson class action Judgment, the CDSS is required to issue the following reports:

.751 Bimonthly status report on all actions taken on the Judgment and include basic implementation records, including contracts with all agencies;

.752 Number of recipient and provider class members identified from IHSS payrolling system; the number with current addresses; the number of updated addresses through the Department of Health Medi-Cal; and the number of addresses updated through the Franchise Tax Board, and

.753 Monthly claim reports by county with the number of claims received, approved, denied, pending and the amount of wages and interest paid, the number of claims sent to individual class members and date(s) of mailing, number of envelopes returned undelivered for those with mailing addresses from IHSS payrolling system, Medi-Cal and Franchise Tax Board.

.8 **Appendix - Tyler Forms**

.81 The following forms will be used to process Tyler V. Anderson claims:

.811 Tyler Public Notice (Poster) - TEMP 2189 (10/00) (English/Spanish)

.812 Tyler Notice - TEMP 2185 (07/00) (English/Spanish)

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.813 Tyler Claim Form - TEMP 2185A (07/00) (English/Spanish)

.814 Tyler Supplemental Applicant Claim Form - TEMP 2185B (10/00) (English/Spanish)

.82 The Tyler Claim Form and Notice will also be available in Chinese, Russian, Cambodian and Vietnamese upon request by calling the toll free number established for Tyler v. Anderson.

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code. Reference: Sections 10950, 12300, 12300.2, 12304, 12304.5, and 14132.95, Welfare and Institutions Code and Judgment Re: Tyler v. Anderson, Sacramento Superior Court Case No. 376230, dated January 22, 1999.

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Repealed by Manual Letter No. EAS-88-13, effective 10/3/88.

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.1 Background

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On January 28, 1985, the San Francisco Superior Court approved a settlement agreement and adopted it as the final judgment of the court in the case of Major v. McMahon. The judgment invalidated MPP Section 46-325 to the extent this regulation was interpreted/applied to deny otherwise eligible disabled minors from receiving the SSI-SSP "nonmedical out-of-home care" benefit level because they were residing with nonparent relatives.

In compliance with the Major v. McMahon judgment, MPP Section 46-325 was amended (April 1, 1985) to enable otherwise eligible disabled minors residing with a nonparent relative to receive the SSI-SSP "nonmedical out-of-home care" payment rate. Additionally, the court ordered that retroactive benefits be paid to disabled minors in this class, who for any time after December 31, 1983 were otherwise eligible but were denied the SSI-SSP "nonmedical out-of-home care" payment rate solely because they were residing with a nonparent relative.

The following provisions specify rules and procedures applicable to the issuance of payments in conformance with this court order.

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.2 Informing Potentially Eligible Persons of the Availability of Major v. McMahon Payments

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.21 In order to notify the class of potentially eligible persons, the Department shall:

- .211 Identify from the State Data Exchange, all individuals who meet the description of the Major v. McMahon class and who are potentially eligible for Major v. McMahon benefits.
- .212 By April 1, 1985, send a written notice to all potentially eligible individuals, which specifies eligibility factors and application procedures and deadlines for Major v. McMahon benefits.

HANDBOOK ENDS HERE

.3 Application for Major v. McMahon Payments and Claims Processing

.31 Claimant Responsibility

80-310 DEFINITIONS - FORMS
(Continued)

80-310

k. through r. (Reserved)

s. (1) SAWS 1

The "Application for Cash Aid, Food Stamps and/or Medical Assistance" (Rev. 9/90) is used to request public assistance, including AFDC.

(2) SAWS 2

The "Statement of Facts Cash Aid Food Stamps and Medical Assistance" (Rev. 4/91) is used as a multipurpose form to gather information necessary to determine eligibility for Food Stamps, AFDC and Medi-Cal.

(3) SAWS 7

The "Monthly Eligibility/Status Report" (Rev. 1/93) is used in place of the CA 7 and is mandatory in fully automated SAWS counties and optional in all other counties.

(4) SCC 6

The "Monthly Child Care Eligibility Report" (Rev. 3/95) is used to gather information monthly to determine eligibility to receive child care assistance in the Supplemental Child Care Program or the California Alternative Assistance Program.

(5) SOC 158A

The "Foster Child's Data Record and AFDC-FC Certification" (Rev. 3/93) collects child-specific data necessary to determine foster care eligibility and input information into the Foster Care Information System.

t. (1) TEMP 2189

The Tyler Public Notice (Poster) (10/00) (English/Spanish) is posted in agencies designated by plaintiffs' counsel such as CWDs, regional centers, independent living centers, area boards, and legal aid programs. This poster explains eligibility and the procedures needed for any aged, blind or disabled person in the IHSS Program to receive retroactive payments for range of motion services provided from June 17, 1990 through March 31, 1994 in the judgment of Tyler v. Anderson.

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(2) TEMP 2185

The Tyler Notice (09/00) (English/Spanish) explains eligibility and the procedures needed for any aged, blind or disabled person in the IHSS program to receive retroactive payments for range of motion services provided from June 17, 1990 through March 31, 1994 in the judgment of Tyler v. Anderson.

(3) TEMP 2185A

The Tyler Claim Form (09/00) (English/Spanish) is used by a claimant to file for retroactive payments as provided in the judgment of Tyler v. Anderson.

(4) TEMP 2185B

The Tyler Supplemental Applicant Claim Form (10/00) (English/Spanish) is used by applicant claimants to file for retroactive payments to determine financial and categorical eligibility for IHSS as provided in the judgment of Tyler v. Anderson.

(5) TLR 1

The California Department of Social Services Trustline Registry Application Form (Rev. 1/99), is used for license-exempt child care providers to apply to the Trustline Registry.

u. through z. (Reserved)

NOTE: Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code. Reference: 45 CFR 206.10(a)(8); Sections 10553, 10950, 11054, 11450(b), 12300, 12300.2, 12304, 12304.5, and 14132.95, Welfare and Institutions Code, and Judgment Re: Tyler v. Anderson, Sacramento Superior Court Case No. 376230, dated January 22, 1999.